

# Authorization Agreement Direct Deposit

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Direct Deposit into **ONE account only**, complete this **section A only** (skip section B).

- (A) FINANCIAL INSTITUTION: \_\_\_\_\_  
BRANCH NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
BANK ROUTING NO. (9 digits) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
ACCOUNT TYPE: (CIRCLE ONE): SAVINGS OR CHECKING  
(If checking account, please attach a 'void' personal check)  
DIRECT DEPOSIT: 100% of net pay (Sign your name on section C)

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Direct Deposit into **TWO ACCOUNTS**, complete this **section B only** (skip section A).

- (B) **First** FINANCIAL INSTITUTION: \_\_\_\_\_  
BRANCH NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
BANK ROUTING NO. (9 digits) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
ACCOUNT TYPE: (CIRCLE ONE): SAVINGS OR CHECKING  
**Dollar Amount to Direct Deposit:** \$ \_\_\_\_\_  
**Second** FINANCIAL INSTITUTION: \_\_\_\_\_  
BRANCH NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
BANK ROUTING NO. (9 digits) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
ACCOUNT TYPE: (CIRCLE ONE): SAVINGS OR CHECKING  
**Balance to Direct Deposit:** 100% of the remaining net pay balance

(If checking account for either one, please attach a 'void' personal check)

(C) I hereby authorize New Hope-Solebury School District to deposit my pay, (credit entries) and, if necessary, make adjustments (debit entries) for any credit entries made in error to the account indicated above, with the Financial Institution(s) named above.

I understand it is my responsibility to contact the Financial Institution to confirm if my account is credited correctly. If not, I will contact the NH-S School District Business Office no later than 12:00 noon and a manual regular check may be issued as a replacement check if it is determined that the money did not go to the bank. I also understand that the school district will NOT be responsible for any type of bank charges or over-the-limit fee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_